

**Commonwealth of Virginia  
Loudoun County Circuit Court  
Probate Department**

**Probate Tax Return (CONFIDENTIAL)**

Decedent's Name:

Probate File No:

---

Value of Decedent's Probate Estate –

(Only include Assets which are SOLEY-HELD in the Decedent's Name)

Personal Property:        \$\_\_\_\_\_

Real Property-VA:        \$\_\_\_\_\_

**TOTAL VALUE:**        \$\_\_\_\_\_

I (we), the undersigned, declare under penalty of law that I (we) have examined this Return and to the best of my (our) belief it is a true, correct, and complete Return.

Given under my/our hand:

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Personal Representative or Proponent of the Will

\_\_\_\_\_  
Signature of Personal Representative or Proponent of the Will

*The information collected on this form is CONFIDENTIAL. This information will NOT become a matter of public record.*